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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Pakistan

The Executive Director recommends that the Executive Board approve the country programme of Pakistan for the period 1992-1996 in the amount of $71.5 million from general resources, subject to the availability of funds, and $53.5 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* Reissued for technical reasons.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Although Pakistan's economy is growing steadily, the country now has a heavy burden of debt servicing. Unemployment is high, and the workforce, much of which is employed in the informal sector, suffers from low levels of training and productivity. Social indicators reflect a general apathy in the past towards social sector development, which has not received its due share of funding. According to one estimate, 30 per cent of the population lives below the poverty line. The populations in larger cities are better off than those in rural areas and smaller towns, but unplanned urban growth has led to pockets of severe urban poverty.

2. Pakistan's population is now approximately 122.6 million and its growth rate of 3.6 per cent per year is one of the highest in the world, posing multiple threats to continued economic and social development. Family planning services have not yet had an impact. Data from 1984-1985 indicate that only 11 per cent of married women has ever used any contraceptive method. Population growth is related to the traditional family system and expectations for women to bear large numbers of male children. Such multiple, unspaced pregnancies, combined with poor maternal nutrition and underdeveloped maternity services, result in a high maternal mortality rate of at least 500 per 100,000 live births.

3. The same factors affect the health of infants and young children. Some 25 per cent of babies are of low birth weight. Infant and under-five mortality are approximately 104 and 158 per 1,000 live births, respectively. The major causes are neonatal tetanus, diarrhoea, acute respiratory infections (ARI) and measles. However, programmes to combat those threats are being implemented, and the expanded programme on immunization (EPI) has now immunized over 80 per cent of children under one year of age with all EPI antigens except measles, for which some 79 per cent of children under one year old have been reached. Although breast-feeding has remained the norm, breast milk is often improperly supplemented, and weaning often takes place too early and without the adequate supplementation of nutritious foods. As a result of those factors, and of sheer poverty, only 43 per cent of children nationwide are well-nourished. In addition to protein-energy malnutrition, there are serious problems of iron, iodine and vitamin A deficiencies. Pakistan also has a high rate of various childhood disabilities, without the highly developed services to treat, care for and rehabilitate those affected.

4. Pakistan has increasing environmental problems, including pollution, deforestation and waterlogging. The provision of clean water and proper sanitation is still inadequate, with only 45 per cent of the rural population having access to clean water and only 10 per cent to proper sanitation. Coverage is better in towns, but the lack of sanitation, drainage and proper solid waste disposal are among the many problems faced by dwellers in low-income urban settlements. However, experiments in the community-based provision of water and sanitation have been successful and are now receiving increased official support.

5. The traditional extended family is still strong. Where other family patterns are emerging, there is as yet insufficient attention to the material and psychological needs of young children. Organized preschool education is very rare.

6. The existing number of primary schools caters to only 63 per cent of children five to nine years of age. These schools often have poor physical facilities and too few teachers. There are also problems with the curriculum and management of primary education. The importance of education is still not sufficiently accepted by parents, particularly with regard to girls. The national adult literacy rate is only 31 per cent, and is far lower in rural areas.

7. There are an estimated 8 million working children, many of whom are driven by their families' poverty to work long hours in hazardous, unhealthy trades for pitiful wages. Work generally keeps them away from school, with a resulting loss to society as a whole. There are also children in other especially difficult circumstances, such as the small numbers exposed to bonded labour.

8. The problems faced by children in general are even more severe for girls. Some evidence, including Pakistan's exceptionally high overall ratio of males to females, suggests that unconscious neglect leads to greater mortality among girls. Prevailing norms restrict girls' access to health care, education and recreation, and may even seclude them inside the house. The primary school enrolment rate for girls is only 45 per cent, compared with 79 per cent for boys. The declaration of 1990 as the South Asian Association for Regional Cooperation (SAARC) Year of the Girl Child and the 1990s as the SAARC Decade of the Girl Child has begun to focus attention on those concerns.

9. Pakistan's cultural milieu supports a patriarchal family system in which women are socialized to be submissive and obedient. Women remain under the guardianship of men throughout their lives depending on their age and marital status, which probably has profound implications for women's development. Early marriage is still very common for girls, perpetuating the cycle of multiple pregnancies and poor health of mothers and children. Women work hard in the home and outside; their participation in the economy, especially in agriculture, is only beginning to be fully recognized and recorded. A significant and growing minority of women are now working in higher status jobs in the formal economy, but they still face obstacles, including a lack of training and educational facilities, a lack of child-care facilities and discrimination in the workplace and outside.

10. The situation of children and women is generally unfavourable, and worse than might be expected for a country in Pakistan's economic position. Nevertheless, the constitution and recent legislation and policy have all created an environment suitable for development in the sectors that will most benefit children and women. The main obstacle to such developments is the historic underfunding of the social sector, although there are arguably also problems in the government structures that plan and implement development

activities. Pakistan is a signatory to the World Summit Declaration and Plan of Action. The goals contained in that Plan of Action coincide closely with the goals contained in Pakistan's own national plans.

PROGRAMME COOPERATION, 1988-1991

11. The country programme for 1988-1992 has been reduced to four years because the annual programme budget levels were increased and the approved funds disbursed ahead of schedule.

12. A January 1991 Government/World Health Organization (WHO)/UNICEF evaluation of EPI indicated that Pakistan has reached over 80 per cent coverage for all childhood EPI antigens except measles. Special emphasis was placed on urban populations in which coverage had been shown to be lower than rural areas. A Federal Communications Advisory Group was established at the National Institute of Health as part of a major emphasis on programme communications. A sentinel surveillance system has been initiated for the EPI target diseases. Coverage of women of child-bearing age with tetanus toxoid increased from 27 per cent in 1987 to 32 per cent in 1989 and was estimated at 71 per cent by an international evaluation in early 1991. Female vaccinators and traditional birth attendants (TBAs) served to increase coverage of unprotected women.

13. The control of diarrhoeal diseases (CDD) programme emphasized training of health workers in correct case management of acute diarrhoea through the establishment of 10 diarrhoea training units. Standard treatment by private practitioners, paramedical workers and chemists has also been promoted. The work of the Federal Communications Advisory Group has created awareness among mothers regarding the availability of oral rehydration salt (ORS), although household surveys have shown that only approximately 20 per cent of mothers use ORS correctly. Efforts in this area have been coordinated with EPI, breast-feeding promotion, improved infant feeding practices, health education, water supply and sanitation activities and hygiene education.

14. The development of the national ARI control programme has been supported since 1989. Workshops with senior health administrators, academic paediatricians, decision makers and private paediatricians were held to identify programme objectives, develop national guidelines, plan programme implementation and prepare for the development of ARI training units at nine sites throughout the country.

15. In order to promote improved maternal and neonatal health, more than 40,000 new TBAs have been trained, and provincial monitoring and refresher training systems have been established. Operational research studies to strengthen the linkages between TBAs and local health facilities have been conducted. Child-spacing activities have been promoted by TBAs using motivation techniques. Pilot efforts to promote primary health care (PHC) were supported in the Islamabad Capital Territory and Sindh province. A pilot project for TBAs in Sindh provided a model for expanding the role of the TBA

to that of a PHC worker through further training in EPI, CDD, hygiene, malaria and child-spacing. In the area of health education, support has been provided to develop and produce training and communication materials and to strengthen provincial-level capacity.

Nutrition

16. Selected growth monitoring activities have been supported and nutrition education activities expanded through EPI staff and TBAs. There have been training activities for 400 medical officers, 200 lady health visitors (LHVs) and 18 TBAs. In collaboration with the Government/World Food Programme (WFP) supplementary nutrition programme, 700 medical officers and 2,200 LHVs have been trained at 1,600 outlets. Research studies to assess the nutritional status of hard-to-reach populations, develop an inventory of nutrition training programmes and review available information on vitamin A deficiency have been supported.

17. Breast-feeding steering committees have been formed to coordinate efforts to promote exclusive breast-feeding and healthy infant feeding practices. Selective operational research studies to assess trends in breast-feeding practices have been supported. Lactation management clinics have been established in a number of teaching hospitals, and the Ministry of Health has introduced a breast-feeding policy for hospitals and health centres along the lines of the "baby-friendly hospital" approach. Advocacy for the adoption of the International Code of Marketing of Breast Milk Substitutes continues at the policy level.

18. Both short- and long-term strategies are being supported for the national iodine deficiency disorders (IDD) control programme. Iodized oil capsules and injections have been provided for use in the highly endemic areas of northern Pakistan, as have training costs, logistical support and health education assistance. EPI staff in the North-West Frontier Provinces have been trained in IDD and are distributing capsules. Assistance has also been provided to expand the availability and use of iodized salt as the long-term strategy.

Water supply, environmental sanitation and hygiene education

19. An integrated package of water supply, household sanitation and personal hygiene at the community level in underserved areas has been the major thrust of the programme. Appropriate and low-cost technologies have been promoted, including the introduction of the "Afridev" model village-level operation and maintenance hand-pump in the lowlands and gravity-fed pipe systems in the mountainous areas. Starting from a demonstration phase in five districts, the programme has now expanded to 67 districts, with some 3,500 hand-pumps installed against the planned 6,000 and some 280 gravity-fed systems completed or under way against the planned 850 systems. The sanitation component promoted the household pour-flush or ventilated improved pit latrine model, but only about 8,000 of the planned 40,500 latrines were constructed. Efforts have started since 1991 to strengthen the training and hygiene education component of the programme, including the promotion of community participation

in the installation, operation and maintenance of water supply and sanitation facilities. Advocacy efforts have promoted the community-based, village-level operation and maintenance concept as a means to universalize water supply access, and the Government is now allocating more of its own resources to this strategy. To ensure sustainability, private sector manufacturers of the Afridev hand-pump have also been encouraged, with some 4,000 pumps per year now being entirely locally produced.

Education

20. A special focus was maintained on female education in all basic education activities. Support was extended to projects targeting females in rural and low-income urban areas, including the in-service and pre-service training of female teachers, outreach teacher training in Balochistan and the training of learning coordinators in the North-West Frontier Provinces. Supplies and equipment were provided to remote female primary schools in Jammu and Kashmir.* Non-formal primary education was supported through home schools, street schools and grass-roots non-governmental organizations (NGOs) in Sindh and the North-West Frontier Provinces. Integrated functional education was supported through Allama Iqbal Open University, Islamabad, and female literacy through NGOs in northern areas. After a delayed start, the primary education curriculum reform project picked up momentum in 1989-1991.

21. A number of advocacy efforts were supported before and as a follow-up to the World Conference on Education for All in 1990. Case-studies and situation analyses were made and seminars and workshops organized to disseminate information on the significance of basic education in overall national development. A task force in the Ministry of Education was supported to follow up Conference activities.

Women in development

22. Initiatives in this area aimed at mainstreaming gender concerns into sectoral planning and developing field approaches to increase options for education, health and economic participation. Such activities included documentation, advocacy, training, information dissemination and networking. Some success has been achieved in awareness creation, especially on the issue of the girl child and adolescent, information generation and sharing, and in-country and SAARC regional networking. Field programme action included strengthening integrated activities at existing women's centres, organizing female youth groups, vocational and micro-enterprise skill training, and facilitating access to credit. Outreach improved from about 100 locations in 1988 to some 500 project sites by 1991 against the targeted 1,000 locations.

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* The reference to Jammu and Kashmir does not imply the expression of any opinion whatsoever on the part of the secretariat of UNICEF regarding the legal status of the area or of its authorities or of the delineation of its frontiers or boundaries.

Constraints included the limited outreach capacity of NGOs; the inability of mid-level government and NGO field staff to work as catalysts, especially for group formation; a shortage of training facilities geared to specific needs of staff working with young girls; and inadequate counterpart funds for infrastructural costs.

Urban basic services

23. Based on experience gained from 1982 to 1987 in Lahore and Karachi, support was expanded to 34 low-income areas in six cities. Activities included EPI, literacy and non-formal education initiatives, sanitation and support to local government structures, including the recruitment of community organizers. The Orangi Pilot Project and the Municipal Training and Research Institute of the Ministry of Local Government were strengthened and have trained more than 150 community organizers, NGOs and government personnel since 1990. Linkages to major donor-aided projects in Sindh and Peshawar were initiated.

Childhood disability

24. The programme focused on enhancing awareness and promoting community-level services and capacity-building of government and NGOs. Innovative community-based projects were supported in three provinces, reaching some 600 disabled children and their families with home care support services. Low-cost rehabilitative technology was promoted in two provinces serving over 1,000 children. A pilot project that aimed at the identification and referral of primary schoolchildren with impairments was successfully launched in Karachi. Workshops and training courses on home and community services for over 200 workers were supported. A handbook on disabilities and other materials were produced for outreach workers.

Children in especially difficult circumstances

25. As a new area of collaboration, activities focused on research on children in especially difficult circumstances (CEDC) with studies covering child labour, children in prisons and orphanages and children under circumstances of pledged labour in the carpet and brick-making industries. Workshops at the provincial level and extensive media coverage have contributed to increased awareness. Some 15 NGOs are now involved in CEDC-related activities. Project activities included non-formal education for children working in the brick kiln in Punjab, community development in the North-West Frontier Provinces and three demonstration projects for working children in Karachi.

Planning, monitoring and evaluation

26. Improvement in programme planning, monitoring and evaluation was achieved through the identification of data gaps, streamlining project monitoring systems, specific research studies and third-party project evaluations. UNICEF has collaborated with the National Census Organization to generate more

gender-sensitive data from the 1991 census. The Statistics Division was supported to improve its knowledge of social indicators and to strengthen a district-based surveillance system to monitor the 1990s goals for children. In Sindh, a community-based surveillance system has been supported. UNICEF is assisting the Government to develop a national programme of action as a follow-up to the World Summit for Children. Support has also been extended for a study of adjustment with a human face as an input to the preparation of the Eighth Five-Year Plan.

Information, advocacy and social mobilization

27. Information and programme communication have been part of all UNICEF-supported programmes. Increased advocacy efforts have been targeted at various levels in Government and at NGOs, the community and other development agencies, and have particularly capitalized on the new opportunities created by the Convention on the Rights of the Child, the World Conference on Education for All, the SAARC Year of the Girl Child and the World Summit for Children. Children's issues appearing regularly in the press. Facts for Life has proved an effective tool for social mobilization of various groups in support of child survival and development programmes.

Lessons learned

28. A mid-term review in May 1990 provided the basis for adjustments in the country programme in 1990 and 1991 and for initiating the planning process for the 1992-1996 programme of cooperation. Among the lessons learned were: the importance of placing a particular focus on the unmet needs of the girl child as a beneficiary of social services; the need to strengthen the delivery of services through all sectors to low-income, unreached urban areas; the need to continue the focus on training of mid-level staff, with particular emphasis on supervisory functions; the importance of reinforcing efforts to promote community participation in all programmes; and the importance of continuing and taking further advocacy efforts to mobilize government and other partners towards a first call for children. In general, the mid-term review and other more specific evaluations endorsed the priorities and scope of UNICEF cooperation in Pakistan and recommended its continuation with some refocusing in the next cycle towards the goals for children in the 1990s.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $71,500,000
Supplementary funding: $53,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Planning and monitoring	1 100	-	1 100
Advocacy and social mobilization	2 500	-	2 500
Child health	21 450	9 000	30 450
Safe motherhood	5 000	4 500	9 500
Nutrition	5 550	-	5 550
Education	10 400	10 000	20 400
Women in development	4 300	3 000	7 300
Water supply and sanitation	11 700	22 500	34 200
Children in especially difficult circumstances	1 500	2 000	3 500
Reaching the urban unreached	1 500	2 500	4 000
Programme support	6 500	-	6 500
Total	71 500	53 500	125 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects as shown in table 3.

29. The 1992-1996 programme of cooperation aims to advance the following national goals and objectives: (a) to place children's concerns high on the political and development agenda in the implementation of the World Summit Declaration and the Convention on the Rights of the Child; (b) to improve child survival by reducing infant and under-five mortality rates to 70 and 100 per 1,000 live births, respectively, by 1996; (c) to promote safe motherhood and to reduce maternal mortality to 300 per 100,000 live births by 1996; (d) to contribute to a reduction in population growth; (e) to expand coverage of water supply facilities from 55 to 65 per cent and sanitation facilities from 23 to 33 per cent and to eradicate dracunculiasis (guinea worm disease) by 1996; (f) to promote the social and intellectual development of children, particularly the girl child, through basic education; (g) to promote the integration of the disabled and socially disadvantaged, particularly working children in social services, especially basic education; and (h) to improve the situation of women and to enhance their status and role in the family, the

community and in national development. Particular emphasis will be placed on reaching remote rural areas and low-income urban areas.

Planning and monitoring

30. In support of the government commitment to the World Summit Plan of Action, the programme will assist the formulation and periodic updating of both the national and provincial programmes of action for children. The programme will also promote social action for children and women by facilitating a more systematic involvement of NGOs in the planning, implementation and monitoring of programmes for children. Training and technical assistance will also be supported. In order to track progress towards the goals for children in the 1990s, the programme will support the monitoring of basic indicators on children and women. The programme will seek to strengthen national and provincial capacities for collecting, analysing and publishing data on children, disaggregated by gender and by region, to ensure an equitable impact on girls and women and on other disparities. It will also seek to strengthen capacities for developing environment-friendly development policies, especially as they impact on children and women. Research of a qualitative nature on the situation of children and women will also be supported. Institutional networking with the United Nations Development Programme (UNDP) and the World Bank on human development will be pursued.

Advocacy and social mobilization

31. Advocacy and social mobilization will involve approximately 8 per cent of the resources planned for the five-year period. Advocacy for specific programme approaches and operational and technical options to improve the service delivery capacity for children and women are reflected in all sectoral programmes. The programme will also support a broad-based process of informing and involving strategically placed allies. The programme will seek to sensitize policy makers, legislators and community leaders about children's issues and to support the development and dissemination of information and communication materials in support of the programme objectives. Facts for Life will be used as a basic reference for advocacy messages on children and women.

Child health

32. The programme is based on targeted interventions to reduce childhood and maternal mortality while strengthening the health sector infrastructure necessary to develop a comprehensive PHC system. Specific focus will be placed on monitoring progress towards reaching the goals for children in the 1990s.

33. Emphasis will be placed on sustaining the achievements of universal child immunization, specifically on increasing tetanus toxoid coverage of women of child-bearing age, poliomyelitis eradication and reductions in measles morbidity and mortality. Strategies will be developed to identify and immunize socially and geographically disadvantaged populations in rural and

urban settings. Efforts will be made to reduce the dependency on outreach activities to deliver routine immunizations. Improved management systems for maintenance of the cold chain and transportation will be developed. Successful communications efforts will be expanded to promote complete immunization. Essential PHC interventions such as oral rehydration, the provision of iodized oil capsules and basic health education services will be delivered by EPI staff. Close collaboration with WHO, the United States Agency for International Development (USAID), the Canadian International Development Agency (CIDA), Rotary International and the World Bank will be continued.

34. The CDD programme will strengthen current activities to reduce mortality and morbidity from diarrhoeal diseases in children under five years of age. Although an estimated 80 per cent of mothers know about oral rehydration, additional emphasis is necessary to ensure that they know how to prepare and use ORS as well as to continue feeding during diarrhoeal episodes. ORS packets will be procured for training activities and demand-creation activities will be supported to increase ORS production by the private sector. CDD training for paramedical staff will be expanded and orientation workshops for private practitioners will be continued to improve their case management practices. Health education, breast-feeding promotion, nutrition education, safe water, sanitation and hygiene education activities will contribute to reductions in morbidity from diarrhoeal diseases.

35. Recent activities to establish a national programme for the control of ARI in children under five years of age will continue. Emphasis will be placed on expanding training of medical officers in case management, orienting private practitioners in new concepts of treatment, training health workers at clinic and first referral levels in case management, and drugs management. Operational research studies to clarify the clinical significance and extent of antibiotic resistance will be conducted and ethnographic studies will be supported to provide the data necessary to formulate a communications strategy.

36. Additional activities will include specific measures to improve the health education capacity of the provincial departments of health, support to model community health worker programmes, collaborative efforts to redesign and implement a simplified health information system for first-level care facilities, strengthened senior-level and mid-level management training and consideration of the development of a national field epidemiology training programme. Operational research activities will include support for the creation of a national research coordination mechanism, increased training in research methodology and funding of studies addressing selected essential national health research priorities.

Safe motherhood

37. Advocacy for safe motherhood, including discouraging early marriage and the preference for sons, will be emphasized. Existing provincial programmes to train TBAs will be expanded during the first two years through funding from CIDA. A revised curriculum will be utilized for the training of 30,000 new

TBAs. Mechanisms to provide refresher training for 24,000 TBAs annually, to create provincial and national databases of trained TBAs and to strengthen referral mechanisms for TBAs with local health facilities will be developed. The skills of LHVs to train and supervise TBAs will be upgraded. Studies will be supported to address priorities such as the referral of high-risk pregnancies and utilizing TBAs for the promotion of child-spacing.

38. Support will be provided to improve the quality of maternal and child health (MCH) care workers. Emphasis will be placed on upgrading the technical quality and clinical skills of antenatal care. Through collaboration with the World Bank Family Health Project, additional training, equipment and supervision will be provided to the current network of MCH centres.

39. New initiatives in support of the national population programme will be formulated. Collaboration will be maintained with other donors already involved in family planning such as the United Nations Population Fund (UNFPA), USAID, the World Bank, the United Kingdom Overseas Development Administration and CIDA. Advocacy and social mobilization for family planning and child-spacing activities will be key aspects of initial assistance. Support for the training of health department and NGO staff in counselling for family planning services will also be provided.

Nutrition

40. The programme will focus on extending the sites for nutrition education, expansion of targeted growth monitoring, improved coordination of nutrition surveillance and directed communications efforts. A nutrition curriculum for medical officers, LHVs and paramedical staff will be developed, pre-tested and integrated into other relevant child survival training activities. Community-based nutrition projects will be developed as models for initiating PHC programmes.

41. Support will continue to national and provincial breast-feeding steering committee activities, as will support for recently developed national breast-feeding policies for "baby-friendly" hospitals and health facilities. A national training course in lactation management will be developed to expand the national network of locations promoting breast-feeding to new mothers. Advocacy efforts will continue to encourage the Government to adopt the International Code of Marketing of Breast Milk Substitutes. TBAs will be utilized to improve breast-feeding and infant feeding practices. Applied research will be supported to identify the most effective approaches to increasing exclusive breast-feeding for at least four months and to identify healthy infant feeding practices that need reinforcement.

42. Support will continue for the national IDD control programme. Short-term activities to provide iodized oil through capsules or injections in the endemic target area of northern Pakistan will be supported by increased training, supply of commodities and transport, and further integration of IDD activities into EPI and schools. Expanded production of iodinated salt will be stimulated and increased communications activities will be promoted to

stimulate demand. Efforts to improve the surveillance and monitoring of programme activities will be essential for achieving national objectives. Intensified advocacy for legislation to mandate the iodination of salt will be promoted.

43. Iron and folate supplementation for pregnant and lactating females will be promoted. Targeted surveys to identify high-risk populations with vitamin A deficiency will be supported to plan nutrition education and supplementation activities. National guidelines regarding the indications for prophylactic use of vitamin A for selected indications will be promoted.

Basic education

44. Cooperation in this field will focus on improving educational opportunities for the girl child in particular, as well as for younger women. Support will focus on selected districts in three areas: improvement of primary education through formal and non-formal channels, with particular attention to the needs of girls and disadvantaged children, including working children and the disabled; promotion of female literacy with emphasis on functional approaches to reinforce other elements of child survival, protection and development; and advocacy in support of basic education, demand-creation and coordination with other agencies.

45. In formal primary education, the programme will focus on promoting female enrolment and reducing drop-outs. Working together with other partners, emphasis will be placed on improving the efficiency, effectiveness and relevance of the educational system. The primary education curriculum reform project will be continued, but with adjustments, taking into account the work of the World Bank and USAID in the same field. Strengthening of district-level management and female teacher training will be supported. Demonstration activities on the integration of disabled children in regular schools will continue to be supported, as will activities to detect impairments in schoolchildren. Non-formal approaches to primary education will be supported both at the policy level with Government and at the service delivery level through support to NGOs. The programme will support the improvement of the quality of learning in non-formal schools.

46. In view of the past lack of continuity in national literacy efforts, the programme will initially concentrate on supporting policy formulation, building the institutional basis for female literacy, including training of literacy teachers, and the development of literacy materials. Field-level activities will also be supported, particularly through NGOs. The programme will support awareness creation on basic education and literacy and promote research for the development of information and communication activities.

Women in development

47. The programme will focus on improved health and educational opportunities for girls and women, as well as activities to improve the economic status of disadvantaged rural and urban women and adolescents. It will provide for

field-level support through the Government and NGOs to non-formal education, to group formation for women and adolescents and to skills training and credit schemes to encourage employment and income-generation for low-income women. Field-level activities will aim to reach a minimum of 100,000 girls and women directly through 1,000 women's centres, 500 female youth groups and 100 credit groups. In line with the SAARC Decade of the Girl Child, the programme will promote research, training, advocacy and planning actions through government agencies, the media and NGOs to reduce the preference for male children and to ensure a more considered focus on the girl child in social sectoral planning and service delivery.

Water supply, environmental sanitation and hygiene education

48. The water supply, environmental sanitation and hygiene education programme will focus on advocacy through field-level action for the adoption of low-cost, appropriate technology, water supply and sanitation systems, combined with community involvement and training in systems installation, operation and maintenance and in hygiene education. The programme will support the installation of 20,000 hand-pumps for disadvantaged communities in rainfed lowland areas and 1,000 gravity-fed piped systems in mountainous areas. The few remaining pockets of dracunculiasis will be prioritized. The programme will also support the promotion of appropriate technologies and operational approaches for replicable household sanitation and hygiene education in rural communities and, as a new emphasis, in low-income urban areas. Support will be given to safe water supply, proper excreta disposal and improved hygiene standards in 11,000 primary schools, particularly for girls, to improve physical health conditions in these schools, to enhance enrolment and to complement the hygiene education elements of the classroom curriculum. The programme will also address improved sanitation and hygiene education in canal-irrigated areas. UNICEF and the Government will collaborate closely with other agencies in policy formation, advocacy, public information and monitoring and research for water supply, sanitation and hygiene education.

Children in especially difficult circumstances

49. The programme will address the needs of children whose circumstances preclude or inhibit their access to normal services and opportunities. This group includes children with disabilities, children below the age of 15 years who are working under exploitative or dangerous conditions, children in institutions and children subject to other forms of abuse or neglect. The programme will focus on advocacy to implement the relevant provisions of the Convention on the Rights of the Child and to create public awareness of the problems and needs of particularly disadvantaged children. For disabled children, support will be given to promoting ways of serving their needs through the mainstream of the health and education systems, and to strengthening parental and community awareness and actions. For working children, activities will be supported to improve their participation in basic education primarily through non-formal means. Efforts will be made to protect the child at the work place and to promote the abolition of child labour in

selected hazardous industries. For other categories of children in special circumstances, the programme will support advocacy, research and analysis and demonstration activities in selected institutions to minimize the worst effects of growing up outside a normal family environment. In addition to the leading role of the Government, the programme will seek to involve a wide range of NGOs and the private sector.

Reaching the urban unreached

50. Given the rapidly growing urban population and the increasing numbers of low-income settlements within cities that do not yet have adequate basic social services for children and women, the programme will promote the inclusion of unreached urban areas in the coverage of sectoral programmes, especially in relation to MCH care, basic education, opportunities for women and environmental sanitation. Building on the baseline data gathered during 1988-1991, the programme will focus on advocacy with other national and international agencies involved in urban development to ensure that the needs of unreached urban children and women are incorporated in their programmes. The programme will also support activities to improve local-level urban planning and management through technical cooperation and training for municipalities and city development authorities, as well as community-level initiatives for urban improvement through community-based NGOs and local councils.

Programme support and management

51. In view of the decentralized pattern of government and public administration, UNICEF will continue to operate sub-offices in the four provinces, in addition to the country office, to assist the provincial governments in programme planning, implementation, monitoring and evaluation.

Evaluation

52. The programme will be monitored and reviewed jointly by the Government and UNICEF, both at the federal and the provincial levels, through a process combining regular reporting on performance and expenditures, annual reviews, specific evaluations and a mid-term review in the third year.

Cooperation with the United Nations and other organizations

53. The programme has been developed in close cooperation with the United Nations systems. UNDP and other concerned specialized agencies, including WHO, UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Food and Agriculture Organization of the United Nations (FAO), WFP, the International Labour Organisation (ILO) and the United Nations Development Fund for Women, as well as the World Bank and the Asian Development Bank (AsDB), have participated in the strategy formulation and programme elaboration stages of the programme preparation process. The programme has also been shared with bilateral agencies and NGOs working for children and women in Pakistan. Implementation of the programme will involve

close collaboration with concerned agencies of the United Nations system, the World Bank, AsDB and bilateral agencies and NGOs. UNICEF will seek to support the Government in its coordinating role for international assistance for children and women.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Pakistan (1990 and earlier years) UNICEF country classification

Under-five mortality rate	158	(1990)	Very high U5MR
Infant mortality rate	104	(1990)	Very high IMR
GNP per capita	$ 380	(1990)	Low GNP
Total population	122.6 Million	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	3136	4050	4958	5452
Infant deaths (under 1)	(thousands)	448	506	570	567
Under-five deaths	(thousands)	687	782	868	861
Under-five mortality rate (per 1,000 live births)		219	193	175	158
Infant mortality rate (under 1) (per 1,000 live births)		143	125	115	104

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1985-1987)	Moderate & severe	..	52[a]
	Severe	..	10[b]
Babies with low birth weight (%, 1976/1985)		11	25*
% of primary school children reaching final grade (1981)		..	49*

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1975/1988)	90/ 86/ 78	87*/ 74*/ 70*
Prevalence of wasting (%, 1980/1985-87)	14	17[c]
Prevalence of stunting (%, 1980/1985-87)	..	42[d]
Daily per capita calorie supply (% of requirements, 1979-1981/1988)	97	95
Food production per capita index (Index 1979-1981=100, 1980/1990)	99	105
Household expenditure (% of total income, 1980-1985)	All food/cereals	54 / 17

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987)			42
Access to health services	Total	51	55
(% of population, 1980/1985)	Urban/rural	100/ 32	99/ 35
Access to safe water	Total	35	56
(% of population, 1980/1990)	Urban/rural	72/ 20	80/ 45
Access to adequate sanitation	Total	14	20
(% of population, 1980/1985)	Urban/rural	42/ 2	51/ 6
Births attended by trained personnel (%, 1976/1989)		24	40*
Maternal mortality rate (per 100,000 live births, 1984)		..	500

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	11	41	87
	DPT	3	30	83
	Polio	3	30	83
	Measles	2	23	75
Pregnant women (%) immunized against	Tetanus	1	9	70

TABLE 1 (continued)

Pakistan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	39/ ..	40/ ..
(%, 1980/1987)	Male	51/ ..	51/ ..
	Female	26/ ..	28/ ..
Secondary enrolment ratio (gross/net)	Total	14/ ..	19/ ..
(%, 1980/1987)	Male	20/ ..	26/ ..
	Female	8/ ..	11/ ..
Adult literacy rate, 15 years & older	Total	21	35
(%, 1970/1990)	Male/female	30/ 11	47/ 21
Radio/television sets (per 1,000 population, 1980/1988)		64/ 11	86/ 13

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Million)	65.7	85.3	103.2	122.6	162.4
Population aged 0-15 years	(Million)	..	39.9	48.4	58.4	74.5
Population aged 0-4 years	(Million)	..	14.5	20.3	23.0	24.8
Urban population (% of total)		25	28	30	32	38
Life expectancy at birth	Total	48	53	55	58	63
(years)	Male	49	53	55	58	63
	Female	47	53	55	58	63
Total fertility rate		7.0	7.0	6.8	6.2	4.8
Crude birth rate (per 1,000 population)		48	49	49	44	34
Crude death rate (per 1,000 population)		19	15	14	12	8

		About 1980	Most recent
Contraceptive prevalence rate (%, 1980/1984)		3	8
Population annual growth rate	Total	3.1	3.6
(%, 1965-1980/1980-1990)	Urban	4.3	4.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1990)		1.8	2.9
Inflation rate (%, 1965-1980/1980-1989)		10	7
Population in absolute poverty (%, 1979)	Urban/rural	32/ 29	../ ..
Household income share (%)	Top 20%/bottom 40%	../ ..	../ ..
Government expenditure	Health/education	2/ 3	1/ 3
(% of total expenditure, 1980/1987)	Defence	31	30
Household expenditure (% of total income, 1980-1985)	Health/education		3/ 3
Official development assistance:	US$ millions	1130	1119
(1980/1989)	As % of GNP	4	3
Debt service (% of goods & services exports, 1980/1989)		11	16

a/ Less than 80% median weight-for-age. b/ Less than 60% median weight-for-age.

c/ Less than 80% median; aged 13-24 months. d/ Less than 90% median; aged 25-60 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(In thousands of United States dollars)

COUNTRY: PAKISTAN
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $35,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	10889	4779	992	424	438	112	851	22	13170	5337	18507
Water supply and sanitation	6673	995	150	9	769	207	666	716	8258	1927	10185
Nutrition	1495	4	63		105		154		1817	4	1821
Education	459	79	251	16	211		364	55	1285	150	1435
Community organization and development	115	36	40		207		205		567	36	603
Women-centred programme	583	267	307	32	207	58	676	6	1773	363	2136
Children in especially difficult circumstances	37		24		88		133		282		282
Advocacy	348		52		165		286		851		851
Emergency		412		18		133		7		570	570
Planning and project support	466	11	13		5638		546	34	6663	45	6708
Freight	262	194					719		981	194	1175
GRAND TOTAL	21327	6777	1892	499	7828	510	4600	840	35646 a/	8625	44271

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to fund unfunded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: PAKISTAN Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	4500	4500	4300	4100	4050	21450
	NSF	1500	1710	1950	1900	1940	9000
Safe motherhood	GR	1000	1000	1000	1000	1000	5000
	FSF	1515	823				2338
	NSF	820	820	910	950	1000	4500
Nutrition	GR	1150	1100	1100	1100	1100	5550
Water and sanitation	GR	2500	2300	2300	2300	2300	11700
	FSF	1421					1421
	NSF	3150	3880	4550	5270	5650	22500
Education	GR	1800	2000	2000	2300	2300	10400
	FSF	337					337
	NSF	1800	1900	2100	2300	1900	10000
Women-centred programme	GR	900	900	900	800	800	4300
	NSF	200	500	600	800	900	3000
Children in especially difficult circumstances	GR	300	300	300	300	300	1500
	NSF	100	350	450	550	550	2000
Social mobilization and advocacy	GR	500	500	500	500	500	2500
Planning and social statistics	GR	150	200	250	250	250	1100
Programme support	GR	1200	1200	1350	1350	1400	6500
The urban unreached	GR	300	300	300	300	300	1500
	NSF		250	500	700	1050	2500
TOTAL	GR	14300 a/	14300	14300	14300	14300	71500
	FSF	3273	823				4096
	NSF	7570	9410	11060	12470	12990	53500
GRAND TOTAL		25143	24533	25360	26770	27290	129096

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
a/ In addition, $677,600 was allocated prior to 1992 for unfunded supplementary funds.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: PAKISTAN	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	4	1042
Local national Professional and General Service established posts	38	1168
Operating costs		1836
Total	42	4046
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	13	2400
Supplementary funds		
Local national Professional and General Service project posts		
General resources	95	2427
Supplementary funds	13	373
Total	121	5200

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.